

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

First Semester

Second Semester May 24 to State Superintendent

DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 41 Ravalli 0731 Corvallis K-12 Schools **High School** District Route Miles Rate Days **Bus Driver's** Per Mile Capacity Operated Social Security # Percentage # # Per Day Inspection 100 1 1 34.6 1.57 72 07/11/05 100 1 10 30.2 1.80 84 07/11/05 100 32.2 84 07/11/05 1 11 1.80 120.2 0.95 100 12a 1 18 07/11/05 100 12b 106.8 0.95 18 07/11/05 100 1 12c 126.8 0.95 18 07/11/05 100 1 12d 108.4 0.95 18 07/11/05 100 111.7 0.95 07/11/05 12e 18 1 100 13 28.8 84 07/11/05 1 1.80 2 39.2 100 1.57 71 None 100 3 40.7 1.80 84 07/11/05 1 4 100 48.6 1.80 84 None 100 5 41.6 71 07/11/05 1 1.57 100 6 42 1.80 84 07/11/05 1 7 100 25.8 72 07/11/05 1.57 100 1 8 34.4 1.80 84 None

84

07/11/05

TR-6 (1/05) Page 1

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32.8

1.80

100

1

PI	

2

PM Preschool

68

0.95

48

09/01/05

100

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

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29.6

1.57

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72

09/01/05

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DUE
DATES

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DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					•	Second Semeste to County Superin to State Superinte	tendent
COMPL	ETE TH	IS CLAIM FO	R STATE REIM	BURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION:	
This clain	n is for the	period beginning	month	day,	20 and e	ndingr		20 ay
CERTIF	ICATIO	N:						
The infor	mation on	this form is comp	lete and accurate to t	he best of my kn	owledge.			
Date Signature, Chair, Board of Trustees								
County:	County: District:						District Le	vel:
41 Rava	lli		0738 Victor I	Victor K-12 Schools High School				chool
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	7	1	41	1.36	65	08/03/05		
100	7	2	43	1.36	65	08/03/05		
100	7	3	47	1.36	65	08/03/05		
100	7	4	40	1.57	71	08/03/05		
100	· · · · · · · · · · · · · · · · · · ·			1 1.07	. , ,	33, 03, 03	<u> </u>	

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First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 41 Ravalli 0740 Darby K-12 Schools **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Capacity Operated Social Security # Percentage # Inspection 100 9 1 110.2 1.80 84 08/17/05 9 2 49 100 1.80 84 08/17/05 100 9 3 54.4 08/17/05 1.80 84 9 4 100 38.6 1.80 84 08/17/05 100 9 5 109.2 1.80 84 08/17/05 100 9 6 39 1.80 84 08/23/05 9 100 Kinder 34 1.80 84 08/17/05

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DUE
DATES

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DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent							May 24 t	Second Ser to County Su to State Supe	perintender rintendent	nt
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	URSEMEN	T FOR	SCHOO	OL BUS TRA	NSPORTAT	TON:	
This clair	n is for the	period beginning			,	20 a	nd endin	g		, 20	
			1	month	day			n	nonth	day	
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kno	owledge.					
Date			Signatur	re, Chair, Board	l of Trustees						
County: District:							Dis	trict Level:			
41 Ravalli 0741 Lone Rock Elem								Ele	ementary		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capaci	ity	Inspection	Days Operated	d S	Bus Driver's locial Security #
100	13	1	ĺ	47.8	1.57	72		08/16/05			
100	13	2		48	1.80	88		08/16/05			
100	13	3		33.4	1.80	84		08/16/05			

PI	

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State	
District	
County	

DUE
DATES

100

100

100

15-6

15-6

15-6

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32

24

1.57

1.57

1.36

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 41 Ravalli 0743 Florence-Carlton K-12 Schls **High School** District Route Miles Rate Days **Bus Driver's** Per Day Operated Social Security # Percentage # Per Mile Capacity Inspection 100 15-6 1 34 1.36 66 08/25/05 100 15-6 10 46 0.95 23 08/25/05 100 22 71 08/25/05 15-6 11 1.57 100 15-6 12 18 1.36 08/25/05 66 71 100 15-6 13 33 1.57 08/25/05 100 15-6 2 25 1.36 66 08/25/05 3 100 15-6 34 1.57 72 08/25/05 100 4 22 1.57 72 15-6 None 100 5 15-6 30 1.36 08/25/05 66 72 100 15-6 6 13 1.57 08/25/05

71

71

66

08/25/05

08/25/05

08/25/05